

# **SAN JUAN COUNTY EARLY INTERVENTION SERVICES PLAN and INTERAGENCY AGREEMENT**

**October 2002 through September 2003**

- A. The geographic service area for this agreement is San Juan County.
- B. The gaps in early intervention services identified over the past year by the San Juan County Health & Community Services (SJCH&CS), the County Interagency Coordinating Council (CICC), local service providers, representatives from child care facilities, and school districts are as follows:
1. **GAP:** Oto-acoustic (hearing) and photo screening (vision) for the 0-3 population is available by appointment on three islands. Private providers are beginning to refer to this service  
**Plan:**
    - a. This service will be advertised as available by appointment at the SJCH&CS offices on three islands.
    - b. Information about this service will be included in newborn packets, which are sent to babies born in San Juan County.
    - c. The Public Health Nurse Newborn Outreach Program will offer the screening to each family contacted.
    - d. Information about this service will be provided to all early-childhood providers.
    - e. SJCH&CS will promote screening clinics on each island in collaboration with school and medical providers.
    - f. Family Resource Center home-visitor staff will inform families of the availability of this service.
  2. **GAP:** In this rural county, “word-of-mouth” from neighbors and knowledgeable providers is the most common mode of advertisement for ITEIP services. Newspaper advertisements cannot be purchased frequently, due to budget constraints. Public spaces for posters are not easily available, nor do they normally allow “permanent” posters.  
**Plan:**
    - a. Infant Toddler Early Intervention Program (ITEIP) posters will be placed in available publicly used places.
    - b. ITEIP brochures will be distributed to all early childhood providers along with a yearly reminder of ITEIP Services. On-going outreach to new providers will occur through the contract period.
    - c. Newspaper advertisements will occur once or twice a year.
  3. **GAP:** Early childhood providers continue to observe early childhood psychosocial delays. Access to screening, assessment, and treatment for such problems is difficult. Minimal local availability of diagnostic and treatment services include: 1. School Childfind services in the area of cognitive-emotional delays may not always be available; 2. The Mental Health System has not been focused to Birth-three delays; 3. Medical providers must refer to specialists on the

mainland for cross-discipline diagnostic services. 4. Local care providers do not always feel competent to support parents concerning such delays.

**Plan:**

- a. The Family Resource Coordinator (FRC) will address this issue as routine contacts are made to determine extent of the needs and to solicit ideas for future support services which will be most useful, i.e., training for providers regarding screening, behavior management, and parent support needs.
- b. The Lead Agency will continue to survey and coordinate with the BOH Advisory Early Childhood sub-committee, San Juan Island School District STEPS Program, Family Resource Center early childhood programs, the Regional Service Network and North Islands Mental Health to promote training and develop adequate diagnostic and consultative resources for early childhood providers.

4. **GAP:** Funding for ITEIP services has been limited along with an increase in need for services in this county.

**Plan:**

- a. We will explore and utilize all payment options available via Northwest Medical Bureau and Molina.
- b. SJC Developmental Disabilities will provide limited payment for Occupational Therapy, Physical Therapy, Speech Therapy, and Developmental Preschool, including parent training in these areas.

5. **GAP:** Timely and adequate transition services between local agencies are sporadic.

**Plan:** Transition procedures from the ITEIP to the School Districts will continue to be reviewed by the CICC, San Juan Island STEPS, and with individual School Districts.

6. **GAP:** There is an ongoing need for translating services (Spanish).

**Plan:** Expand options for interpreter services within San Juan County. Review training needs and subcontractor options for each island as the need arises.

- C. The early intervention system in San Juan County is accessible and equitable for all referred infants, toddlers, and their families. Coordination begins when a referral is received by the FRC who initiates contact with the family to explain procedural safeguards of this program. During, or following an introductory visit, the FRC determines what services may be needed, refers the child to appropriate assessment, the family to needed financial services, and sets a time for an initial Individual Family Service Plan (IFSP) meeting within the program time requirements.
- D. This early intervention plan is produced by the local Health Jurisdiction in agreement with the County's Children with Special Health Care Needs Program, Developmental Disabilities program and the San Juan Island School District STEPS transition team.

Additionally, recommendations generated by CICC participant review and discussion are included. The Plan and Agreement is discussed with the Board of Health Advisory sub-committee on Early Childhood, school districts, preschools, Family Resource Centers and the RSN for input and participation.

- E. Coordinated Child Find activities occur as follows. All suspected delays can be referred to the FRC and/or to the client's personal medical provider for follow-up assessment and management.
1. Each of four school districts provide Child Find developmental screening (September through June) for children birth to three years of age in response to parent requests. Assessment for motor and speech development is available at all school districts; assessment in social/emotional development may be available at all school districts.
  2. San Juan County Health and Community Services provides year around child health screening by Public Health Nurses (PHNs) at clinic sites on Orcas, Lopez, and San Juan Islands. PHNs also provide developmental screening with home visits throughout the county on request. Other PHN activities, such as Women Infants and Children (WIC) nutrition program, home visiting for Maternal Child Health programs and immunization services, may result in identification of children with a suspected delay. Similar screening outreach to remote island communities (Decatur, Stuart, and Waldron) via letter or visits to those communities is available. The FRC will continue to network with all service providers of children 0-3 years. The Developmental Disabilities Program refers any potential 0-3 client to the FRC for coordination of screening and evaluation services.
  3. The Family Resource Centers on three Islands may refer parents of a child with suspected delay to the ITEIP.
  4. Pediatric medical providers include developmental screening as part of their well child examinations in order to promote early identification of potential developmental delays and refer potential delays to the ITEIP FRC..
  5. Infant-toddler learning programs provide social settings for early childhood learning experiences, communicate with parents about their child's development, and refer developmental concerns to the ITEIP Program.
- F. Family Resources Coordination occurs as follows:
1. Referral to the ITEIP Family Resource Coordinator will be made by Plan & Agreement signers for any birth-to-three age child suspected or diagnosed with a delay in one or more areas of development. The FRC will review the Parents' Rights information with the family.
  2. Funding of IFSP services will utilize all public and private funds known to be available before using ITEIP funds as Payor of Last Resort.
  3. The FRC works with existing agency case managers and service coordinators according to agreement (noted on an IFSP) with each individual involved. Once an IFSP service is in place, the FRC has continuing contact with the service provider, the family and/or any other provider who may be seeing the

child on regular schedule. If the FRC becomes aware of any difficulty in relating with a family, the option of an Alternative FRC will be proposed.

4. Each agency agrees to resolve Early Intervention client program disputes in a timely manner according to their respective internal procedures. If an agency is unable to resolve its own internal dispute, or an unresolved dispute between agencies occurs, the Lead Agency, under its responsibility for resolving disputes, will start the following procedure:
    - a. The Agencies involved will submit dispute information to the local Lead Agency in writing.
    - b. The Lead Agency will refer the dispute to the County Interagency Coordinating Services Committee if the conflict continues.
    - c. Technical Support from the ITEIP or Sound Options services will be accessed.
  5. Family Resources Coordination staffing in San Juan County has been adequate with a 1:4 or 5 ratio.
- G. Initial evaluations for motor and speech development may be accomplished by school district Childfind services. Local practitioners may refer behavioral disorders, neurological disorders, or obviously complicated health problems that delay development to specialists out of this county for more thorough assessment. These include specialists in Skagit, Whatcom, or King County.
- H. A least-restrictive setting has been the norm in San Juan County for children served by the ITEIP program. All early-childhood programs have been able to provide services to any child, disabled or not. Each child served by this program is provided therapeutic services in the settings chosen by the child's family. This may include one or more of home, day-care, Infant Toddler Center, or other community based settings.
- I. Increased familiarity with the on-line IFSP data process will facilitate more timely dispersal of IFSP copies to appropriate persons. Each provider in an IFSP process will write the goals and outcomes for interventions; all IFSP information will be entered electronically. IFSPs will be circulated for signatures on one form with copies given to each participant.

## INTERAGENCY AGREEMENT

The signing parties on the following grid agree to maintain, coordinate and/ or provide early intervention services as indicated.